Akina animal health | Veterinary Compounding Prescription Referral Form | Fax: 855.234.9992

Ship To: ◯ Pet Parent' Home ◯ Prescriber's Office ◯ Pick-up

Bill To : ◯ Pet Parent ◯ Prescriber's Office

PATIENT INFORMATION PLEASE FAX PATIENT DEMOGRAPHIC SHEET IF AVAILABLE

Patient Name: _____ Species: _____

Pet Parent Name (Last, First): _____ Email: _____

Address, City, State, Zip: _____

Cell Phone (preferred): _____ Allergies: _____

Home Phone: _____ Diagnosis: _____

PRESCRIPTION INFORMATION

Medications	Instructions	
		Flavor _____
		Quantity _____
		Refills _____
Medications	Instructions	
		Flavor _____
		Quantity _____
		Refills _____
Medications	Instructions	
		Flavor _____
		Quantity _____
		Refills _____

PRESCRIBER INFORMATION

Prescriber Name: _____ License#: _____

Practice Name: _____ DEA#: _____

Full Address: _____

Key Contact: _____ Date: _____

Phone: _____ Signature: _____

Fax: _____

ReCheck Reminder™ *Advocating preventative medicine and improving outcomes*

Please provide the date you would like the patient to return to your clinic for a recheck (mm/dd/yy) _____

Akina Animal Health will kindly send an email notification reminding the pet parent to make an appointment with your office for a recheck. **Please remember to provide a pet parent email address**. This information will never be shared or used for advertising purposes. We promise.

Faxed prescriptions will only be accepted by a prescribing practitioner or a prescribing practitioners authorized agent. All faxed prescriptions must be received directly from the practitioner's location. Prescribers are reminded that pet parents may select any pharmacy for their prescription needs.